

# Mass Immunizations

## AMEDD AHLTA Best Business Practice

29 Nov 06

After your review and utilization, any improvements to this document that you discover should be emailed to [david.freeman@se.amedd.army.mil](mailto:david.freeman@se.amedd.army.mil) for inclusion in future versions to aid all AMEDD AHLTA users. Your continued use of AHLTA and assistance in improving it is greatly appreciated.

### DEFINITIONS:

- A. TEMPLATES - Basic AHLTA encounter documentation method
- B. RAPID DATA ENTRY (RDE) - Clicking this button enables you to enter vaccines either by using a barcode scanner or a keyboard.
- C. FULL PATIENT ENCOUNTER - An encounter that contains the following: at least one diagnosis, a disposition, and an E&M code.

When conducting mass immunization operations or in a busy immunization clinic, the need is to efficiently document both immunization and workload. The best way to accomplish this for a patient who does not have an encounter already created in AHLTA as part of a clinic or SRP visit is to use Rapid Data Entry (RDE). The common scenario for this use would be annual flu shots.

Immunizations on Active Duty Service Members documented in AHLTA do update MEDPROS. Until the SRP module is available in AHLTA, immunization at a real deployment SRP should be documented in MEDPROS as the current update (Nov 06) from AHLTA may take 72 hours.

For those cases where RDE is advisable, here is the procedure. The immunizations available in your clinic will need to be defined by someone who has Immunization Administrator privileges in AHLTA. With this privilege, the user will see the RDE screen when opening the Immunizations Admin module.

**Admin** **Rapid Data Entry**

Please select the area you wish to Administer:

- Provider Management
- Reports
- Temperature Log
- User Defined Groups
- Vaccine Management**

**Vaccine Management**

**Available Vaccines:**

- Cholera
- DTaP - 5 Pertusis Antigens
- DTP
- Hep A NOS
- Hep B - Adolescent/High Risk
- Hib - HbOC
- Hib - PRP-D
- Hib - PRP-OMP
- Influenza
- Influenza NOS
- Influenza, Live, Intranasal
- Japanese Encephalitis
- M/R
- Meningococcal A,C,Y,W-135 Diphth
- Meningococcal Conjugate
- MMRV
- Plague
- Rabies - Intradermal

**Vaccines in Stock:**

- Anthrax
- DT (Pediatric)
- DTaP
- DTaP-Hep B-IPV
- DTaP-Hib
- DTP-Hib
- Hep A - Hep B
- Hep A (Adult)
- Hep A (Pediatric)
- Hep A ped/adol, 2 dose
- Hep B - Adult
- Hep B - Child
- Hep B - Dialysis
- Hep B - NOS
- Hib - PRP-T
- Hib-Hep B
- Influenza Split Virus
- IPPD

**Default Typhoid Product:**

**Default Site:** Left Arm

**Default Clinic:** Default Immunization Clinic

Mfg/Lot Nbr

Click on the Rapid Data Entry tab.

Vaccine	Mfg Code	Lot Nbr	Vacc Dosage	Route	Site	VIS Given	V
IPPD	PMC	30723	.1 mL	ID	Left Arm	No	

Immunization Date: 27 Oct 2006

Immunization Provider: [Dropdown]

Rapid Data Entry

You can setup which immunizations will be posted to patients records from this screen. Click the Add button and choose the immunizations specified on the Admin tab. If the vaccine you need is not listed, go back to the Admin tab and add it to the clinic stock.

**Vaccines In Stock**

- Hib-Hep B
- Influenza Split Virus
- IPPD
- IPV
- Measles
- Meningococcal
- MMR
- Pneumococcal
- Pneumococcal Conjugate
- Rabies - Intramuscular
- RSV-Mab
- Td

OK Cancel

Select a provider and the RDE button will be enabled.

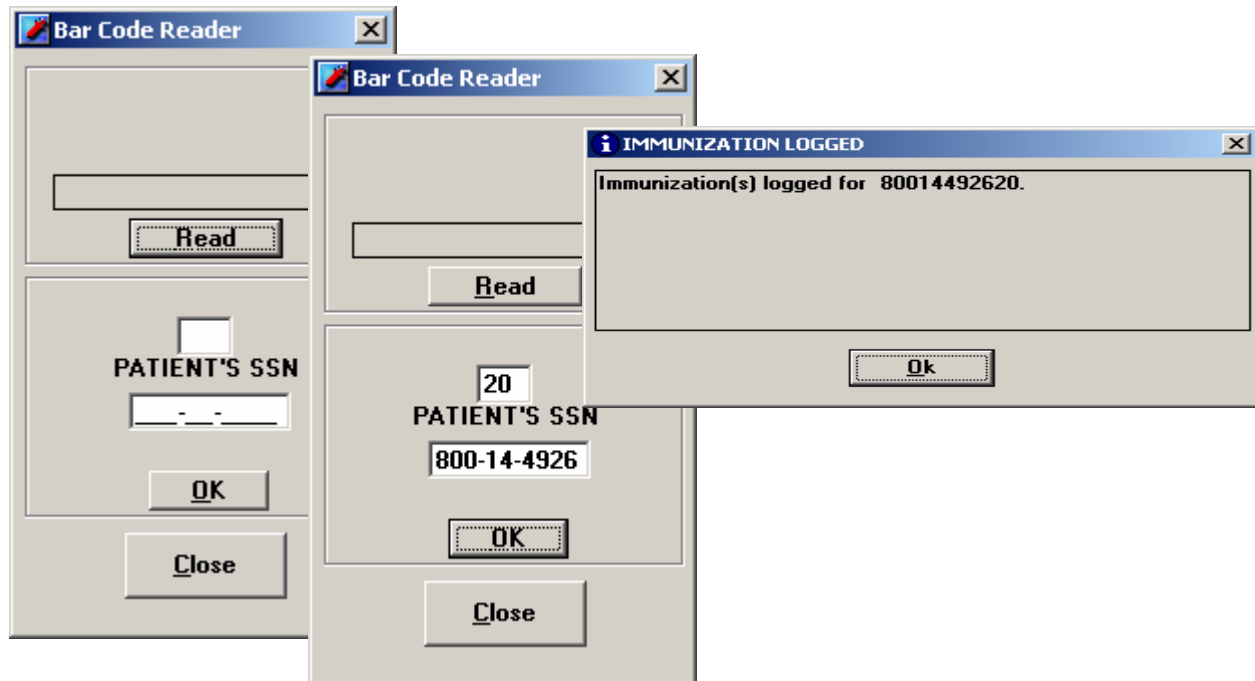
Vaccine	Mfg Code	Lot Nbr	Vacc Dosage	Route	Site	VIS Given	VIS Version
Influenza Split Virus	PMC	U1872AA	.5 mL	IM	Left Arm	No	10/20/05
IPPD	PMC	30723	.1 mL	ID	Left Arm	No	

Immunization Date: 27 Oct 2006

Immunization Provider: MOODY RON

Rapid Data Entry

Click the RDE button and the data entry box will appear. Barcode readers are not currently supported in AHLTA, but the PATIENT'S SSN section is enabled. Enter the patient's two-digit FMP in the first box. The cursor will move automatically to the SSN boxes. For Active Duty enter the service Members SSN. For Dependents enter the sponsor's SSN into the boxes. *(Note: The addition of Barcode reading capability is a planned and funded AHLTA improvement.)*



When you hit the ENTER key or click the OK button, the system will post the selected vaccines to that patient's immunization record. You'll see a confirmation pop-up on the screen, which will disappear after approximately five seconds, so that you're ready to enter the next patient's data.

In this manner, you can enter immunization data for patients at the rate of several per minute **and no check-in services are required for this documentation**. The vaccines are posted to the record immediately and are available for review. They will also be synchronized with MEDPROS as noted above. The Active Duty Service Member is processed for the flu vaccine rapidly and the documentation is immediate in AHLTA and then synched to MEDPROS, stopping the need for double documentation.

However, using the RDE method does not capture workload credit or billable items. To capture workload credit an encounter must be created for each soldier so that the A/P module can be accessed. This information interfaces to the CHCS ADM module for work credit. An encounter can be generated under the supervising providers name and necessary documentation can be made. For items like the flu shot, the documents can consist of A/P module entry only. The minimal entry is the Dx, and CPT code for the immunization which can be rapidly entered off a clinic favorite or order set. In the comment box below the CPT code a short word document can be pasted.

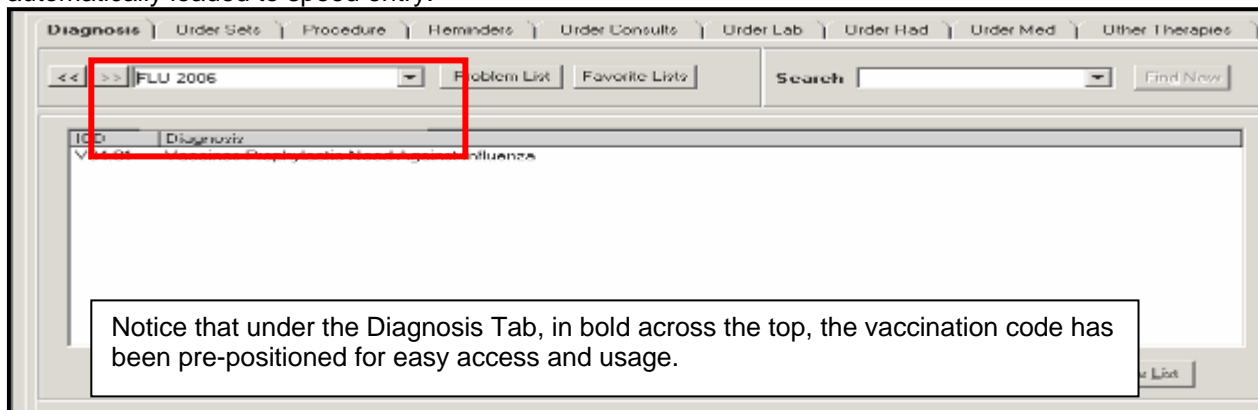
This leaves the encounter to be reviewed and signed by the appropriate provider. This provides a distributed work effort for completing the task of immunization and workload accounting.

In the future this process will be furthered enhanced by ID card readers and the ability to automatically generate an appointment when an immunization is documented.

Alternatively a complete encounter can be created for capturing flu shot vaccine administration. Since the process of giving immunization at a Flu shot day or part of an SRP is part of a larger workflow process, the creation on an appointment is likely not the rare limiting step in the process. Ideally the best method is to have a list of individual in advance such as with an SRP. Otherwise soldiers can be booked as walk-

ins into AHLTA if enough stations can be put into place for flu shots. An SRP should be a single encounter with documentation contributed by multiple members of the SRP team as the soldier progresses between stations. The use of an encounter template is a very good tool for capturing only essential information to accelerate the work flow. Below you will find an example of encounter documentation using a simple A/P template, and then an example of a complete encounter note.

The user can set a default template up so that upon entering the A/P module, the template will be automatically loaded to speed entry.



Diagnosis | Order Sets | Procedure | Reminders | Order Consults | Order Lab | Order Rad | Order Med | Other Therapies

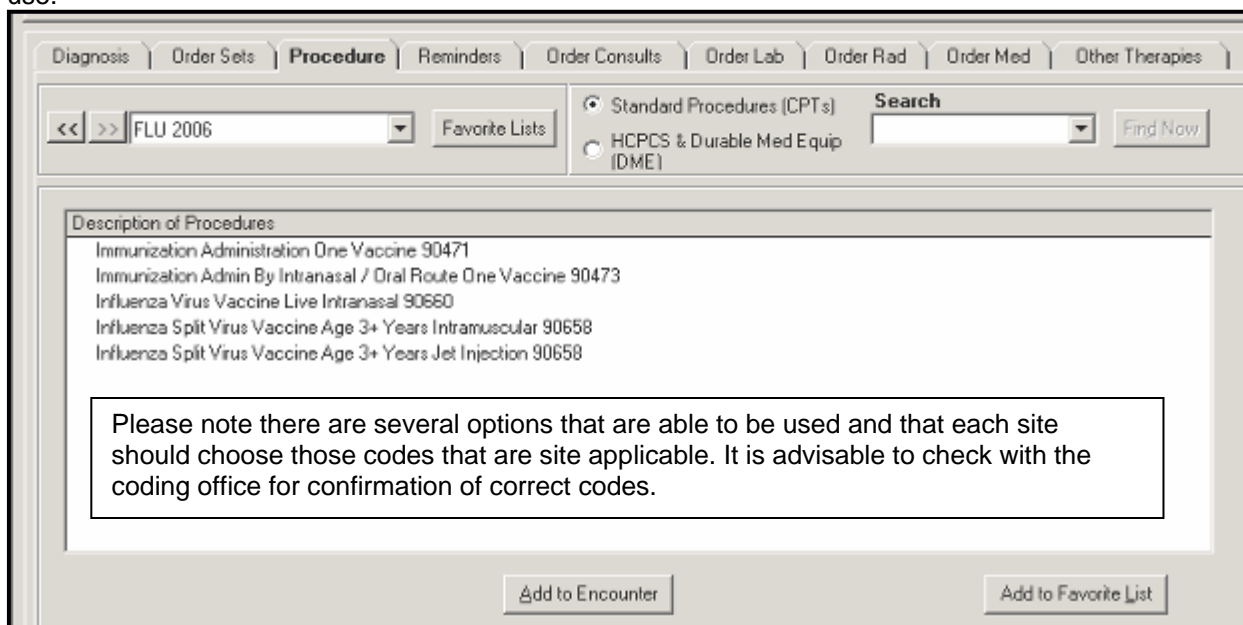
<< >> FLU 2006 Problem List Favorite Lists Search Find Now

ICD-9-CM Diagnosis

**Vaccination Administration One Vaccine 90471**

Notice that under the Diagnosis Tab, in bold across the top, the vaccination code has been pre-positioned for easy access and usage.

The same technique should be carried over to the Procedure Tab, allowing only the pertinent CPT codes necessary for that site's mass immunization administration. This will also save time and enable ease of use.



Diagnosis | Order Sets | **Procedure** | Reminders | Order Consults | Order Lab | Order Rad | Order Med | Other Therapies

<< >> FLU 2006 Favorite Lists Standard Procedures (CPTs) Search Find Now  
HCPDS & Durable Med Equip (DME)

Description of Procedures

- Immunization Administration One Vaccine 90471
- Immunization Admin By Intranasal / Oral Route One Vaccine 90473
- Influenza Virus Vaccine Live Intranasal 90660
- Influenza Split Virus Vaccine Age 3+ Years Intramuscular 90658
- Influenza Split Virus Vaccine Age 3+ Years Jet Injection 90658

Please note there are several options that are able to be used and that each site should choose those codes that are site applicable. It is advisable to check with the coding office for confirmation of correct codes.

Add to Encounter Add to Favorite List

Below is an example of possible coding choices showing the administration code as well as the code for the vaccine. This enables the site to be reimbursed for these expenses and also captures work load.

The screenshot shows the AHLTA interface with a list of procedures. The first procedure is selected, showing its details in the right-hand panel.

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	V04.81	Vaccines Prophylactic Need Against	Chronic	New

Plan/Comments

Procedure(s)

- Immunization Administration One Vaccine
- Influenza Split Virus Vaccine Age 3+ Years Intramuscular

Orders & Procedures

- Immunization Administration One Vaccine
- Influenza Split Virus Vaccine Age 3+ Years Intramuscular

Information can be pasted into the note by either clicking the Plan/Comment area or the procedure as shown below.

The screenshot shows the 'Procedure Details for' dialog box. The 'Unit of Service' is set to 1. The 'Comments' field contains the text 'Injection given during Mass Call Flu Vaccinations'. The 'Appointed Provider' is 'USER, TEST' with the role 'Nurse'. The 'Additional Provider #1' is 'DOCTOR, DAVID' with the role 'Supervising Provider'. The 'Additional Provider #2' is empty.

By clicking on the procedure above, a details box pops in for the procedure. This will enable the documenter to include pre-copied information using 'paste' as well as adding a supervising provider if required by site.

**Disposition**  
Released w/o Limitations 1

**Encounter Context**  
☐ Related to Injury/Accident?  
☐ Patient Pregnant

**Billing and Admin**  
 Billing Chief Complaint: V04.81 - Vaccines Prophylactic Need Against Influenza  
 Appt Class: Outpatient  
 Meets Outpt Visit Criteria (Workload)? Yes

**Follow Up**  
☒ PRN When: For Tx:  
☐ With PCM In Clinic:  
 Comments:

**Discussed**  
☒ All Items Discussed  
☒ Diagnosis ☒ Potential Side Effects  
☒ Medication(s)/Treatment(s) ☒ Alternatives  
 Patient indicated understanding

**Time Factor**  
☐ >50% time spent counseling or coordinating care  
☒ Total face to face or floor time in minutes: 30

**Calculated** | Selection | Additional E&M Coding

Patient Status: Established Patient Exam Type: General Multi-System  
 Setting: Outpatient  
 Service Type: Other Unlisted E&M 3

HPI		ROS			PFSH		Overall History				Exam				Dx/Mgt Options				Complexity of Data				Overall MDM				Problem Risk				Tests Risk				Mgt Risk				Overall Risk			
1	2	1	2	3	1	2	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				

Default Calculation: 99499 - Unlisted Evaluation And Management Service  
 With User overrides:

Example of possible Disposition module completion for Flu Vaccine:

1. Follow up PRN should be checked to allow the comment box to be available for pertinent comments made to patient.
2. All items are discussed with soldier/patient as the shots are being given as well as follow up instructions.
3. The final E&M code for the encounter should be changed to the code appropriate for the visit.

Once the Disposition is complete, the encounter can be signed and completed.

Date: <b>02 Nov 2006 0930 EST</b>		Status: <b>In Progress</b>	Treatment Facility: <b>CHCSII ITT Facility</b>																					
Primary Provider: <b>USER, TEST</b>		Type: <b>ACUT\$</b>	Clinic: <b>CHCSII ITT Clinic</b>																					
Patient Status: <b>Outpatient</b>																								
Reason for Appointment: cough & fever HTN followup																								
Appointment Comments: middle age illnesses/perimenopause																								
AutoCite Refreshed by USER, TEST @ 03 Nov 2006 1139 EST																								
<b>Problems</b> <ul style="list-style-type: none"> <li>• ESSENTIAL HYPERTENSION</li> <li>• METRORRHAGIA</li> <li>• IRON DEFICIENCY ANEMIA</li> </ul>		<b>Allergies</b> <ul style="list-style-type: none"> <li>• No Known Allergies</li> </ul>																						
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AddNote																								

Above is an example of a completed encounter note for Mass Immunizations, ready to be signed by the provider responsible.

For SRPs, the same process would be utilized. An appointment will be created for the soldier. At each station the documentation would be completed by the person at that location. Immunization would be a station as would hearing and visual screening. By documenting on one encounter the workflow is simplified and RVUs are captured against the SRP clinic.